



## CIVIL SERVICE RETIREMENT SYSTEM

**Agency Certification for  
Death in Service**See FPM Supplement 831-1  
for instructionsDeceased employee's name (*Last, first, middle*)Date of birth (*mo, dy, yr*)

Social Security Number

**Part 1 - Employing Office Checklist:** *To be completed by office maintaining Official Personnel Folder (OPF)***Section A - Federal Employee's Compensation Information**

1. Did the deceased ever apply for or receive benefits from the Office of Workers' Compensation Programs (OWCP), Department of Labor because of a job-related illness or injury?		<input type="checkbox"/> Yes → Complete 1a-3 below
		<input type="checkbox"/> No → Go to Section B
a. Compensation Claim Number	b. Benefit Received Fr. ( <i>mo, dy, yr</i> ) To ( <i>mo, dy, yr</i> )	c. Type of Benefit
		<input type="checkbox"/> Scheduled award
		<input type="checkbox"/> Total or partial disability compensation
		<input type="checkbox"/> Scheduled award
		<input type="checkbox"/> Total or partial disability compensation
2. If the deceased applied for workers' compensation ( <i>Other than as listed in item 1a above</i> ) but did NOT receive benefits, check reason below and give the information requested.		
a. Compensation Claim Number	Awaiting OWCP decision <input type="checkbox"/> Claim denied →	b. Date claim denied
3. Except for scheduled compensation awards, workers' compensation and Civil Service retirement benefits CANNOT be paid for the same period of time. Please complete information below.		
a. Did the above employee's death occur due to a work-related injury?	<input type="checkbox"/> Yes → Complete 3b-d below <input type="checkbox"/> No → Go to Section B	
b. Has a claim for workers' compensation based on this death been filed?	<input type="checkbox"/> Yes → <input type="checkbox"/> No → Go to Section B	
c. Name of person filing for death benefits		
d. Compensation Claim Number	Awaiting OWCP decision <input type="checkbox"/> Claim denied →	e. Date claim denied

**Section B - Federal Employees' Health Benefits and Group Life Insurance Program Information**

1. Was the deceased employee enrolled in the Federal Employees' Health Benefits Program at the time of death?	Yes → No	Enrollment Code
2. Was the deceased enrolled in the Federal Employees' Group Life Insurance Program at the time of death?	Yes No	

**Section C - Checklist**

1. Are the following documents attached? Indicate by "X" for each item	Attached	Not Attached		Attached	Not Attached	Sent to OWCP
a. SF 2800* .....			g. Court appointments .....			
b. Death Certificate .....			h. SF 2801-1* .....			
c. Marriage Certificate .....			i. OPM 1519* .....			
d. Divorce Decree .....			j. All SF 2809's* in OPF .....			
e. Children's Birth Certificates .....			k. SF 2810* Transferring to retirement system .....			
f. Medical Documentation (Disabled Children) .....			l. All other SF 2810's in OPF .....			
2. List any documents attached which are not listed above						

**Section D - Certification By Personnel Officer (or Designee)**

I certify that the above accurately reflects verified information in official records.		
1. Signature	2. Date	3. Address
4. Official title		
5. Person to contact for further information ( <i>Print or type</i> )		6. Telephone Number ( <i>including area code</i> )
		7. Submitting Office Number (SOM)

\* SF 2800 - Application For Death Benefits  
SF 2801-1 - Certified Summary of Federal Service  
OPM 1519 - Surviving Spouse's Military Deposit Election  
Complete Reverse Side  
Reproduce Locally

\* SF 2809 - Health Benefits Registration Form  
SF 2810 - Notice of Change in Health Benefits Enrollment

Part 2: Payroll Office Enrollment: To be completed by office maintaining individual enrollment record (SF 2806)

[illegible]